

Barnes (H. F.)

DISCUSSION OF INSANITY,
FROM A
MEDICO-LEGAL STANDPOINT,
AS REGARDS
HOMICIDE, ETC.

BY
HENRY F. BARNES, M. D.,
OF LOUISVILLE, KY.,

PHYSICIAN TO THE INDIANA HOSPITAL FOR THE INSANE, AT
INDIANAPOLIS, FROM 1855 TO 1861.

FROM JULY NO. RICHMOND AND LOUISVILLE MEDICAL JOURNAL, 1873.

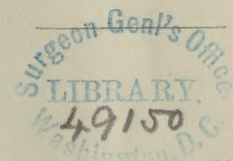
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DISCUSSION OF INSANITY,
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FOR THE KENTUCKY STATE MEDICAL SOCI-
ETY, APRIL, 1873.

"Damnant quod non intelligunt."

Insanity is a theme upon which much has been written within the last decade, and much light has been elicited, both upon the pathology and treatment of this protean malady; and *pari passu*, great advancement has been made in regard to the actual pathology and correct treatment of the hitherto almost intractable forms of nervous affections akin to insanity.

Although I have devoted many years of my professional life to the care and treatment of the insane, during which period I have had, almost continuously, an average of some two hundred and fifty cases under my personal observation, yet I acknowledge my inability to properly expound the great truths already developed in the science of psychology.

If, however, the full statistics of my experience in this specialty are required by any member or members of the Profession, I would most respectfully refer them to the reports of the In-

diana Hospital for the Insane from 1855 to 1861, inclusive. I might, would space permit, review the whole matter, but will not tax your patience with such details in this paper.

It would be useless for me to attempt to reproduce in this paper the general statistics, when they are so carefully noted in the published reports, as above indicated.

Notwithstanding the notes of admission and the peculiarities and treatment were recorded in each case, I am sorry to be compelled to acknowledge that I was not at that period fully impressed with the importance of the careful observation which should have been adopted in each and every case. If such an opportunity were offered now, I dare say I would improve my time more carefully in noting every symptom; also the entire course of treatment adopted in each and every case under my observation.

Since my retirement from the specialty, I have been called frequently as a medico-legal witness, or rather as an expert where the plea of insanity had been instituted in criminal and other cases; and in view of the fact that so much has been written of late on the subject of insanity and diseases of the nervous system, their pathology and treatment, etc., I have deemed to confine myself to the discussion of insanity from a medico-legal standpoint. Doubtless many have observed the disposition on the part of the secular press to ridicule the courts for allowing the plea of insanity to be set up.

Experts have likewise received more than their share of denunciation, and especially are they subjected to the anathemas of these secular knights of the quill when led by the evidence or the hypotheses to give their opinion in favor of the criminal in cases of impulsive homicidal monomania.

If the jury, through the charge of the court and the evidence of the expert, have a reasonable doubt of the sanity of the prisoner, it is their sworn duty to return a verdict of acquittal, and yet how frequently are they denounced in like manner, after performing like honest men their solemn and imperative duty.

In my opinion, it is not the province of the secular press to call in question the charge of a judge to the jury, whose charge is founded in great part upon the opinion of an expert, who, by reason of great experience, is so thoroughly competent to give an opinion in any case of the kind.

I have absolutely been astounded at the style of comments of the secular reporters on forensic cases of the kind in question. They would have the community believe that they know more about insanity than the most learned specialist, and call in question the law, and the facts as expounded by the learned judge to the jury, and would assume to know more of forensic medicine than all the lawyers and physicians combined.

I have often received a thrust of their lance, but the effect was ephemeral, and have not chosen in any case to measure the *Damascus blade* of our most honored profession with their *pungent steel*.

Their motto would often seem to be: "Whom the gods wish to destroy they first make mad," and hence I have never suffered myself to enter into controversy with them.

I have ever regarded it as beneath the dignity of a true physician to engage in acrimonious controversy through the secular prints of the country. I regard the individual courting such notoriety as disposed to empiricism, if not already a charlatan, and an unworthy member of our learned profession. Failing to become prominent by reason of his good works, he seeks the columns of a secular sheet, through which to emit his billingsgate, vituperation, and slanderous epithets; and thus acquire notoriety at the expense of character, in the person of his victim, and to the detriment of the profession in general. But I ask pardon for this digression.

There is one other matter I wish to notice in regard to expert evidence, as conducted in most of the courts of this country; and it is this.

With all due deference to the learned members of the legal profession, I must say that in many instances there is on their

part an apparent effort to take advantage of medical men when placed upon the witness stand.

I must say, however, that in the large number of cases in which I have served as an expert, I have met with almost uniform courtesy from members of the bar. There is now and then a Solon who seems to think that, like Robinson Crusoe, "I am monarch of all I survey," in the person of the physician or expert before him; but in many cases, I dare say, he cannot add, "My right there is none to dispute." An expert has rights, and knowing them, he should dare maintain them, if necessary, by an appeal to the court.

Medical witnesses and experts should not suffer themselves to be browbeaten or hoodwinked by a lawyer, and made to give utterance to words or sentences which would compromise them. This is not unfrequently accomplished by false construction of questions propounded by cunning counsel.

Such a course is unfair and unjust, if not ungentlemanly on the part of an attorney, and when accomplished, is paraded in the final pleadings, to the detriment of the Medical Profession.

Many attorneys seem to regard medical men their inferiors the moment they enter a temple of justice, but in not a few instances the assumed comparison might be regarded as invidious by the more intelligent portion of the community. Many attorneys, if unable to take advantage of a witness, are like the Moor, Othello, their "occupation's gone;" and they yield gracefully if not ingloriously.

Chief Justice Hornblower has uttered the following in regard to medical evidence:

"I consider the administration of criminal law greatly indebted to medical men for the results of their valuable experience and professional discussions on the subject of insanity, and I believe those judges who carefully study the medical witnesses, and pay the most respectful but discriminating attention to their scientific researches on the subject, will seldom, if ever, submit a case to a jury in such a way as to hazard the conviction of deranged men."

Judge Capron, who so ably presided over the celebrated Huntington trial in the city of New York, said: "Insanity or mental alienation has, from time immemorial, received the attention of the civil and criminal tribunals of all enlightened governments. Able professors in all the learned professions, and other profound scholars, have studied and examined the structures and functions of the human system; the laws and operations of mind, the relations of each to the other, and their mutual influence as a united organism, have deducted results and demonstrated their correctness by practical illustrations and logical deductions from established data; these deductions the courts have never failed to sanction as soon as their learned authors had agreed among themselves on the subject, and practical experience had attested their certainty."

The distinguished judges just quoted, and indeed the main body of the leading members of the Legal Profession, have ever been ready to accord to the members of the Medical Profession all the honor due them as experts; at least, this has been my experience, so far as I could comprehend their disposition in this direction.

The first thing required of an expert when placed upon the witness stand in cases of alleged homicide, is to give his opinion upon a hypothesis made up from the evidence elicited which is calculated to establish the insanity of the prisoner, and hence the answer is of paramount importance, not only to the prisoner, but also to the State and the community in general. It not only involves the life and liberty of the prisoner, but community and society demand for their safety that criminals should be punished, in order to deter others from the commission of like crimes against the majesty of the laws, both human and divine.

As a specimen of the hypotheses propounded, I will instance the following, which was presented and answered in writing at the trial of Dr. C., in the Tipton Circuit Court, State of Indiana, for the homicide of C—— A——. I give it as recorded in the archives of the court, a copy of which was lately for-

warded to me by the clerk. He says: "The following hypothetical case was propounded by the Hon. Daniel W. Voorhees, counsel for the defence, to Henry F. Barnes, M. D., of Indianapolis, the chosen expert upon the trial of Dr. C., charged with the homicide of C. A., in the town of K. The answer of Dr. Barnes will give a fair exposition of the evidence and the facts in the case."

The subjoined is the only hypothesis that has been presented to me in writing; all others having been presented and answered verbally, after hearing the evidence in the case. The hypothesis in the above-mentioned case is as follows:

"The homicide with which the accused is charged, was committed by him, in the presence of a number of persons on the street in the town of K., between the hours of 8 and 9 o'clock on the morning of the 26th of October, 1866. He was first observed, a few minutes before the homicide, standing at his office door with a wild, frightened look, staring apparently on vacancy.

"An old and intimate friend, on passing, spoke to him, to which he made no response by word or look.

"In an instant afterward he was seen to clap his hand suddenly to his head, bending his head forward and to one side, exclaiming at the same time, Oh, my God! and starting on a swift run toward the deceased, who was at a distance of about seventy-five yards. He ran at the top of his speed, constantly repeating, as if to himself, in an excited undertone the exclamation: Oh, my God! While running, he had a fearfully wild and frenzied appearance. He fired upon the deceased before he stopped, and while in the act of firing, cried in a loud voice, you are the man that ruined my poor wife, and bought poison to give to me! Oh, my poor wife! Oh, my poor wife! He fired four times, constantly repeating these exclamations.

"After the firing ceased, he continued to utter them, and occasionally screamed as if in great and terrible pain. Two persons assisted him from the scene of the homicide, and the movements of his body were convulsive; and at one time his

strength so completely failed, that he could not stand and had to be supported.

"When taken into the hotel, a few minutes afterward, he was found to be suffering from intense heat in his head. He called repeatedly for the application of cold water. It was applied, and the head was found to be extremely hot. He complained of constant thirst, and for thirty-six hours or more drank all he could get and ate nothing.

"A person had to attend him in the jail, especially to give him water and to keep him from drinking too much.

"In addition to these facts, take the following also into consideration :

"The deceased, A., had seduced the wife of the accused while the accused was absent in the army as a surgeon, and an adulterous intercourse had been kept up between them three or four years.

"A. and his family and the accused and his wife had been socially intimate. Five or six weeks before the homicide, the wife of the accused made a full confession of her guilt to her husband, stating that the deceased had seduced her, and afterward by threats and promises had kept her so completely under his control as to do with her as he pleased.

"This communication caused instant and violent grief in the accused. He threw himself down, sobbing violently and crying out, Oh, my poor ruined Nellie! and other similar exclamations of distress over the ruin of his wife. As far as can be known he slept none the succeeding night, and indulged in constant lamentations and moanings. In the interval between the communication and the time of the homicide, the accused appeared deeply depressed, abstracted, and silent. He was thought by those most intimate with him to be unfit for the duties of his profession. His physical appearance was also greatly changed. His face was haggard, sad, and desolate in its expression. He appeared at all times deeply and painfully preoccupied with some distressing subject. His eyes had a very unnatural and at times a glassy and fixed stare. He

scarcely spoke to or looked at any one. The accused is thirty-eight years of age; was married in 1860; is a man of education, and marked nervous sanguine temperament.

"He saw the deceased for the first time after the knowledge of his wife's infidelity, when he ran from his office door on the morning of the 25th of October, and shot him in the town of K. Upon the foregoing facts you will please state your opinion of the mental condition of the accused at the time of the homicide."

Response to the hypotheses of Hon. Daniel W. Voorhees by Henry F. Barnes, M. D.

Having anticipated the hypotheses just presented, and having duly considered the evidence from all standpoints in the case pending, I respond that, in my opinion, the defendant was insane at the time of committing the homicide in question. The particular form of insanity under which he was laboring at the time of committing the act, is what is denominated by psychologists impulsive homicidal monomania.

I date the inception of the disease from the period of his interview with his wife, as testified to by Dr. Henderson, at which period she made a full confession of her guilt, together with the manner of and period of her seduction.

The seduction, by her confession, was accomplished while Dr. C. was absent in the army, several years prior to the said interview, and that by means of threats and promises of various kinds, she had since been induced to lead an adulterous life with the deceased; and that in the meantime deceased had laid two several plans to poison the defendant, both of which had been frustrated.

All of the above facts being suddenly made known to him, were well calculated to make a powerful impression upon defendant's mind, and, in one of his peculiar temperament, was well calculated to derange the affective and reflective faculties, thus rendering the will powerless to control his actions.

It matters not what the character of defendant's wife was subsequent to the alleged period of seduction as regards virtue;

if he accepted her declaration as true, that deceased was the author of her ruin and the destroyer of her happiness, these impressions would doubtless govern his future actions.

The evidence proves that he was a changed man from the period of this interview, and the affective and reflective faculties were seriously impaired.

It seems that he was so perfectly abstracted that he would pass by his most intimate friends and fail to recognize them, which was very unusual for him to do.

He also refused to visit patients who had been his most substantial patrons. He made frequent mistakes in prescriptions, which he had not been known to do previously.

He ate little, slept little, and sought seclusion to avoid meeting and conversing with his most intimate friends. I might mention here that there is a form of what is known as reasoning monomania, and it may be the defendant was prompted by a course of reasoning to prepare to meet the deceased in case he made his appearance. The attempts and threats that had been made upon his own life would have prompted defendant in that direction, in my opinion, unless, forsooth, he were perfectly demented.

In this state of mind, it is my impression that the sight of the destroyer of his happiness in the distance was well calculated to produce an uncontrollable homicidal impulse, or intensify the mania which already existed, and result, as it has done, in the utter destruction of his victim.

The fact of defendant neglecting to recognize an old and particular friend who spoke to him on the morning of the homicide; his abstracted and wild expression of physiognomy; the swift running of at least seventy-five yards when he observed deceased for the first time since the revelation by defendant's wife of the diabolical plots and seduction; the manner of shooting, and in the presence of several persons on a public street; the application of the hand to the head; the contortions of the body and exclamations; and subsequent to the act the muscular spasms and twitching; the desire to give himself up to

the authorities; the excessive thirst and heat of head; the refusal of food for thirty-six hours, all prove to my mind that the defendant was acting under the influence of an uncontrollable homicidal impulse.

The first question, or one of the first propounded by opposing counsel is, What is insanity? which I do assure all is not easily answered; and hence great care should be exercised in answering the interrogatory.

Dr. John Haslam, formerly of Bethlehem Hospital, who was engaged for many years in the specialty, acknowledges his inability to give a proper definition of insanity; and Dr. Pritchard, equally distinguished in the specialty, says "it is hardly possible in general terms."

Hoffbauer says: "An individual is insane when the understanding is deviated or changed in its operations; when he is powerless to avail himself of his intellectual faculties, or to make known his wishes in a suitable manner."

In regard to the above, I believe with Dr. Hammond, that "the last definition, though embracing all cases of insanity, is not satisfactory, for the reason that it is applicable to certain cerebral disorders, which are not properly classed under this head. Among these may be mentioned apoplexy, and concussion and compression of the brain." Dr. Bucknill regards insanity as "a condition of the mind in which a false action of conception, or judgment, a defective power of the will or an uncontrollable violence of the emotions and instincts, have separately or conjointly been produced by disease." The same objection may be urged as before to the last definition. Dr. Gauslain, of Belgian fame, says: "Insanity is a morbid derangement of the mental faculties, unattended by fever and chronic in its character, which deprives man of the power of thinking and acting freely as regards his happiness, preservation and responsibility."

As has been said by another, "insanity is not necessarily unattended by fever, and not always a chronic affection." Drs. Bucknill and Tuke, quoting from Maimon, say that "mental

health consists in that state in which the will is free, and in which it can exercise its empire without obstacle; anything different to this is a disease of the mind; and if it is asked, what is the will? it may be replied according to the definition of Marc, that it is a moral faculty which originates, directs, prevents, or modifies the physical or moral acts which are submitted to it." The late Prof. Gilman, of New York city, after much study and deliberation, said the best definition he could give was as follows: "Insanity is a disease of the brain, by which the freedom of the will is impaired." The latter is considered by psychologists as almost perfect, and has the advantage of brevity, while it is at the same time comprehensive, or *multum in parvo*. Dr. Hammond says that insanity is "a manifestation of disease of the brain, characterized by a general or partial derangement of one or more of the faculties of the mind, and in which while consciousness is not abolished, mental freedom is perverted, weakened or destroyed."

That insanity is a result of a disease of the brain, I readily admit; but in my post-mortems, where death had resulted from acute mania, I failed to discover the slightest lesion of this organ. In many cases I am quite sure the disease is not organic, but only functional or sympathetic. The mind, metaphysically speaking, is the immaterial essence which is enthroned upon or within the brain, but in what manner or how united, none but Deity can divine.

My definition of insanity is, that it is a manifestation of a disordered or diseased brain of an organic, functional or sympathetic character or origin. I accept both Prof. Gilman's and Dr. Hammond's definitions as almost perfect, yet the question, when propounded in the courts, need not be answered in the precise language used by either of them, but may amount to the same in substance. An expert may be called upon to classify the manifestations of insanity, and it might be replied that the forms are as numerous as there are avocations in life. That of Esquirol is most frequently accepted in the courts, which is as follows:

1. "*Melancholia*—Perversion of the understanding in regard to an object, or a small number of objects, with the predominance of sadness and depression of mind.

2. "*Monomania*—Perversion of understanding united to a single object, or a small class of objects, with preponderance of mental excitement.

3. "*Mania*—A condition in which the perversion of the understanding embraces all kinds of objects, and is attended with mental excitement.

4. "*Dementia*—A condition in which those affected are incapable of reasoning, from the fact that the organs of thought have lost their energy and the force necessary for performing their functions.

5. "*Imbecility or Idiocy*—A condition in which the organs have never been sufficiently well conformed to permit those affected to reason correctly."

The distinguished Dr. Maudsley, author of "*The Physiology and Pathology of the Mind*" (London and New York, 1867, p. 323) thus classifies insanity:

I.—*Affective or Pathetic Insanity*—1. Maniacal perversion of the affective life; mania sine delirio. 2. Melancholia depression without delusion; simple melancholia. 3. Moral alienation proper.

Approaching this, but not reaching the degree positive of insanity, is the insane temperament.

II.—*Ideational Insanity*—1. General. (a.) Mania. (b.) Melancholia (acute chronic).

2. Partial. (a.) Monomania. (b.) Melancholia.

3. Dementia (primary and secondary).

4. General paralysis.

5. Idiocy or imbecility.

At the International Congress of Alienists, held at Paris in 1867, the committee on classification made the following report:

1. Simple insanity embracing the different varieties of mania, melancholia and monomania, circular insanity and mixed insan-

ity, delirium of perception, moral insanity, and the dementia following the different forms of insanity.

2. Epileptic insanity, or insanity with epilepsy, whether the convulsive affection has preceded the insanity, and has seemed to have been the cause; or whether, on the contrary, it has appeared during the course of mental disease only as a symptom or a complication.

3. *Paralytic Insanity*.—This commission regards the disease called general paralysis of the insane as a distinct morbid entity, and not at all as a complication, a termination of insanity. It proposes then to comprehend under the name of paralytic insane all the insane who show in any degree whatever the characteristics of this disease.

4. Senile dementia, which we would define as the slow and progressive enfeeblement of the intellectual and moral faculties, consequent upon old age.

5. Organic dementia, a term by which the commission means to designate a disease which is neither the dementia consequent upon insanity or epilepsy, nor paralytic dementia, nor senile dementia; but that which is consequent upon organic lesion of the brain, nearly always local, and which presents as an almost constant symptom hemiplegic occurrences more or less prolonged.

6. Idiocy, characterized by the absence or arrest of development of the intellectual and moral faculties. Imbecility and weakness of the mind constitute hereof two degrees or varieties.

7. Cretinism, characterized by lesion of the intellectual faculties more or less analagous to that observed in idiocy, but with which is uniformly associated a characteristic vicious conformation of the body, an arrest of the development of the entirety of the organism. Outside of these typical forms there are others, such as delirium tremens; delirium of acute diseases, traumatic delirium; simple epilepsy.

After my acknowledgments to Dr. Hammond for the above classifications, drawn from the pages of his late excellent work on "Diseases of the Nervous System," I will also subjoin his

excellent classification, which he says "has in part been brought forward by other authors, though with different explanations to the terms employed":

1. "*Perceptual Insanity*—Characterized by the tendency to the formation of erroneous perception, either from false impressions of real objects (illusions), or from no external excitation whatever (hallucinations).

2. "*Intellectual Insanity*—Characterized by the existence of delusions.

3. "*Emotional Insanity*—Characterized by the uncontrolled, or imperfectly controlled predominance of one or more of the emotions.

4. "*Volitional Insanity*—In which there is an inability to exert the full will-power, either affirmatively or negatively.

5. "*Mania*—Characterized by the union of two or all four of these forms in the same individual.

6. "*Idiocy and Dementia*—The first due to the fact that there are original structural defects in the brain; the second resulting from the supervention of organic changes in a brain originally of normal power."

My object for introducing these several classifications, is to show up in a nutshell the various forms laid down by leading authors, both in the purely medical history of this disease, and also in works on forensic medicine, as applicable to this subject. The above forms, if thoroughly comprehended, will serve an expert well when placed upon the witness stand.

It must be understood by all that attorneys are usually fortified by leading authorities on forensic medicine for momentary reference, or manuscript notes from the same to guide and enlighten them during their examination of an expert; while on the other hand, the expert has no such advantages, and is not apprised of the form or the character of the questions about to be propounded to him; and hence it is well for him to be thoroughly posted in the main classifications.

The same will apply in regard to the manifestations exhibited in the various forms of insanity, and to which I propose to

devote a few thoughts in this connection. Of course a thousand irrelevant questions may be propounded in order to annoy an expert, and produce an effect upon the minds of the court and the jury.

Many questions are necessarily answered equivocally or evasively, as a positive answer might compromise a medical man, and prejudice the jury against or in favor of the prisoner, when an equivocal or evasive answer would not affect their minds one way or the other.

I, of course, allude in the above to the many unimportant questions propounded by cunning counsel more for effect than for eliciting real facts in the case.

The symptoms and manifestations of insanity are important considerations, and make an impressive figure in medico-legal investigations.

These are illusion, hallucination, and delusion. A false perception of a sensorial impression is called an illusion. This is well exemplified in the manifestations exhibited in recent cases of mania; also in many cases of what is denominated impulsive mania, and homicidal monomania, etc.

I will here cite a case in point: I was called as an expert in a distant town in Indiana, some three years ago, in a case in which it was proven that the prisoner had shot a friend in the midst of great excitement, when in pursuit of a "hog" that had destroyed his vegetable garden. He had, during a warm, sultry day in the month of September, been greatly annoyed, and had chased the animal several times around the garden in order to punish it and secure the point of egress. Failing to accomplish his object, he ran up stairs, and, securing his revolver, declared he would kill the animal. The first object he met on leaving the house was his friend, whom he fatally wounded, believing that he was the animal who had given him so much trouble, and so expressed himself

This was a clear illusion of the sense of sight. It was also proven that his intellect was below mediocrity; that he was of an insane temperament; that insanity was hereditary both on

maternal and paternal sides; that an uncle and an aunt, on the respective sides, had committed suicide; that he had been reared by an insane mother, who, in his infancy and childhood, would flee to the dense forests of that section, and for weeks (this child being her only companion) would subsist upon nuts, roots, and herbs, etc., with naught but the canopy of heaven above and around her, save the boughs of the huge forest trees.

My opinion, as elicited by the court, was that the prisoner was insane at the time he committed the homicide; but for some reason he was "sent up" for life.

Another case in point was that of a distinguished physician, who was tried in the Floyd Circuit Court a few years ago for the commission of homicide; the homicide having resulted from the seduction of his daughter by a minister of the gospel; in which case, being a chosen expert, I gave a similar opinion to the above. From the moment of confession of guilt to her father by the daughter, whose physical appearance and condition had aroused his suspicions, he was a changed man, and absolutely unfitted for the duties of his profession. Wherever he went, he seemed to observe his daughter in a pillar of fire suspended in space before him, and could hear her voice urging him to avenge her ruin, which he did effectually. Arming himself with a revolver and his surgical knives, he sought out his victim, and not only shot him, but almost severed the head from the body.

The last mentioned was a marked case of impulsive homicidal monomania, superinduced from excessive cerebral excitement, followed by illusions of sight and hearing. The revelation of her ruin to him by his favorite daughter, whom he had reared so carefully, and whom he had educated in the best institutions of the country, was well calculated to prey upon the affective and reflective faculties. More especially might a sudden and powerful impression have been produced upon the sensorium when his daughter announced to him that she had been seduced by the pastor of the church to which he and his family belonged, and by whom the Doctor had been employed as family

physician; and it may have been, as has been customary, rendered much service gratis. I might also mention that the Doctor was about forty-five years of age, over six feet in height, and portly, with a high-strung, nervous, sanguine temperament. There is a hereditary tendency to insanity, both on maternal and paternal sides, if I mistake not.

It is scarcely necessary for me to mention that illusions of touch, taste, sight, smell, and hearing may exist independent of real intellectual alienation; but such illusions are not so persistent nor so intensified as when the intellect proper is more seriously implicated.

The intellect is not involved unless the false perceptions are accepted as facts by the impression upon the sensorium. The difference between illusion and hallucination is, that, as a general thing, the former is eccentric, while the latter is of centric origin.

In hallucination, the eyes may be closed, and yet the same impressions may exist; sounds may be heard, although the hearing may be lost, thus showing evidence of cerebral derangement; and the intellect being more or less involved, delusions are the result. If false perceptions are accepted as facts by the intellect, they constitute delusions, and may result from illusions or hallucinations.

An insane person may reason correctly from false premises, or he may reason incorrectly from correct premises.

Thus, at the trial of Parkerson, in the Tippecanoe Circuit Court, for the murder of a relative who had seduced his daughter, in which case I was a chosen expert, it was proven that he was insane; that he wandered about during the intense heat of summer enveloped in a heavy blanket overcoat, and talking at times in an incoherent manner. He was a man of wealth, and lived near the Grand Prairie, where he had been carefully herding his cattle and preparing them for market. For several days prior to the commission of the homicide, he would mount his horse and rush into the herd, beating them, and creating a stampede. He would then pursue them with frightful speed,

and in his gyrations would perform feats of equestrianism which were unique in the annals of history. He had illusions of hearing, and said a voice directed him to slay the seducer of his daughter; and, after due consideration, he believed it was his duty to obey, as the deceased deserved death for the commission of said crime against the majesty of the laws both human and divine, and the consequent ruin of defendant's daughter, etc., etc.

Parkerson sought and found him attending horses on an adjoining farm, and shot him, killing him instantly. In this case, although there was incoherency coupled with illusion of hearing, which was accepted as a fact intellectually, yet he reasoned correctly from incorrect premises, and committed the homicide, which, independent of the illusion, is just what many sane men would have done under like circumstances. In many cases it is almost impossible to determine where anger ends and insanity begins.

These cases are denominated mania ephemera, morbid impulse, emotional and moral insanity, and are of paramount importance in medico-legal investigations. There is a form of what is known as dipsomania, which is defined as an uncontrollable impulse to drink ardent spirits, and which often culminates in homicide or suicide. A case in point was that of "Buchanan," who was tried in the Circuit Court at Indianapolis, some five or six years ago, for the murder of his wife, whose head he cleft and almost severed the same from the body with an ax, and without adequate cause. I was also a chosen expert in this case, but was so unfortunate as to differ with some three or four other experts, who had been engaged for a term of years as medical officers in the same institution in which I had served in the same capacity.

One regarded the homicide as the result of moral depravity, superinduced from the effects of intoxicating drinks; another thought it the effect of over excitation of the brain by strong drink; and a third party thought it the result of mania-a-potu; but when my opinion was called for, I took the position

that it was the result of dipsomania. I stated to the court and jury that, in my opinion, from the present appearance of the prisoner, his case would culminate in suicide at no distant period, if an opportunity should present itself. The jury returned a verdict of guilty, and he was sent to the Jeffersonville penitentiary for life, and had been there but a short time, comparatively, when he attempted suicide by drowning, and would have effected his purpose but for the timely interference of his fellow-prisoners, who rescued him in time for resuscitation. He afterward became a raving maniac, and had to be confined in a cell, with a strict surveillance placed over his movements for many months. This case finally resulted in confirmed dementia, and he is to-day a walking monument of the injustice of the secular press, the court, and the jury.

After my opinion in the above case, I was the recipient of a philippic not unfrequently on the term *dipsomania*.

When appointed as the committeeman for that Congressional District to receive President Johnson and suite when "*swinging around the circle*," the local sheets announced that I was appointed for the purpose of testing the *dipsomania* of the President; and when a candidate for the State Senate in 1868, it was declared in certain prints that I was selected for the purpose of legislating on the subject of dipsomania, as the party who selected me was the whisky party.

These gentlemen of the press did not do me the honor to retract even after the insanity of Buchanan was publicly announced. I had only to refer them to my opinion as an expert during the trial of the prisoner and my prognosis in the case for my triumphant vindication.

I might go on and enumerate other important cases, both civil and criminal, but I deem it unnecessary to do so in this paper, which is already too voluminous. I may, at some future time, publish a monograph, setting forth my views more fully on this subject.

It does seem to me that in this enlightened country where we have provided so liberally for every class of our un-

fortunate fellow-citizens, we should provide criminal insane hospitals, separate and apart from other criminal institutions, and isolated from other establishments devoted to the treatment of insanity. Said institutions should be under certain restrictions, but at the same time humanitarian in their designs and management, and the inmates tendered liberation should reason down upon their intellects, coupled with deep contrition for their crimes.

In this way it may be many useful citizens might be restored to their friends, and the world made happier for all concerned. I dare say society would be benefited thereby, as more charity would be extended, and more circumspection entertained by mankind toward each other, thus lessening the tendency to all forms of mania.

It may be urged by many that my positions in several of the above cases are untenable, if the views of the various authors on the subject of moral insanity, impulsive mania, emotional insanity, or homicidal monomania, are to be regarded as oracles on this subject. It is true that the cases mentioned by Beck, Ray, Prichard, Bucknill, and Tuke, and many other recent authors, and a few of the older writers on this subject, may not be just such a class of cases, yet the same character of causes have produced similar effects.

I know it is believed by many that a man cannot be insane when he takes the life of his fellow-man for a sufficient provocation; and more especially is this position regarded as untenable when it is proven that the murderer has armed himself and sought out his victim. In answer to this objection, I would state that I have known raving maniacs to attempt the same within the hospital where I had the honor to be a medical officer for a series of years. They would not only secrete weapons, but would threaten their attendants for many consecutive weeks previous to the attempt upon their lives; and in several instances came near accomplishing their purposes. These preparations, threats, and attempts upon the lives of their attendants were premeditated against said attendants for real in-

juries inflicted upon said patients by attendants, when using the necessary physical force for the management of said patients.

In many instances the memory is almost perfect when reason begins to dawn upon the intellect.

Every act, however extravagant, will be recounted with surprising exactness on recovering from an attack of furious, incoherent mania which has continued for many months; nay, it may be for years.

One peculiarity of the insane is this: they are seldom conventional. They may concoct many plans for the chastisement of their attendants, and for their escape from the institution, etc., etc., yet when the moment for combined action arrives the agreement has been forgotten by all save one; and in many cases the scheme has vanished like the baseless fabric of a vision from the minds of the whole party.

As in the cases of homicidal mania mentioned in this paper, if the object should present itself, they might be prompted to action; or, if sought for, at a time when the impression is resting upon the mind to the exclusion of other impressions of a less powerful nature, they would doubtless act promptly whatever the result.

Another peculiarity of the insane, as regards homicides and other crimes, such as kleptomania, pyromania, etc., is their disposition to give themselves up to the officers of justice and acknowledge their guilt; nay, in many instances to boast of their exploits.

I have known exceptions to this rule, however, as when urged by friends to secrete themselves, or when fearful of personal violence.

As in physical diseases, there are many exceptions to general rules in this affection in all its varieties.

I hope, at some future time, to be able more thoroughly to elucidate this most intricate portion of the more recent developments of psychological philosophy.

